

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AMENDMENT		AMENDMENT		AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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Total Indep	4					
Total Depend	9					
Total Claims	13					

61	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						